

Ahuriri-Driscoll, A., Hudson, M., Baker, V., Hepi, M., Mika, C. and Tiakiwai, S.J. (2008) *Service in practice, practice in service, negotiating a path to the future*. Auckland, New Zealand: Te Tatau Pounamu conference 2008. Te Tatau Pounamu: The Greenstone Door: Traditional knowledge and gateways to balanced relationships, 8-11 Jun 2008.

SERVICE IN PRACTICE, PRACTICE IN SERVICE: NEGOTIATING A PATH TO THE FUTURE

Ahuriri-Driscoll, A.¹, Hudson, M.¹, Baker, V.¹, Hepi, M.¹, Mika, C.², & Tiakiwai, S.J.²

¹ Institute of Environmental Science and Research (ESR) Ltd.

² Te Whare Wānanga o Awanuiārangi.

3,992 words (excluding references and glossary)

The sustainability of cultural knowledge and practices, and environments to support these are subject to the pressures of a globalising western society. Traditional Māori healers find themselves at the centre of such impacts and experience a unique set of tensions in working to sustain a healing tradition dependent on maintaining the integrity of both the environment and *mātauranga Māori* (Māori knowledge). In addition to balancing their existing relationships between the environment and traditional knowledge, they must also forge new relationships and practices in the development of health services.

The practice of traditional healing is founded on the notion of service to the community where practitioners respond to a ‘calling’ and commonly have a gift for the work. The practices of traditional healers evolve from serving the people and notions of *koha* (gift, donation) and reciprocity permeate this relationship. However within the health system concepts of practice and service are substantially different. Services are delivered to clients and rely on consistent application of skills by professionals organized around particular specialties. This alters the nature of the therapeutic relationship and the expectations of both the healer and the community. Transitioning from a ‘practice’ based approach to one of ‘service’ delivery requires careful negotiation of challenges in terms of changing relationships, expectations of quality, and maintenance of capacity.

Research and evaluation have a distinct role to play in developing a pathway to the future in both the retention and development of indigenous health knowledge that informs traditional healing, and in producing the type of evidence necessary to support the development of *rongoā* (medicine, cure) services within mainstream health systems.

Rongoā Māori (traditional Māori healing) is a holistic system of healing that has developed out of Māori cultural traditions. It has a long history of usage and credibility among Māori, and increased interest in its revival and sustainability has prompted calls for its formalisation within the New Zealand public health system (Durie, Potaka, Ratima & Ratima, 1993; Jones, 2000a).

The research project discussed was funded by the Ministry of Health (MoH) in 2006 to scope the future of rongoā Māori. The main objectives were to:

Examine the contribution of rongoā Māori to indigenous well-being, and

Identify issues for the ongoing sustainability of traditional Māori healing in New Zealand.

In keeping with the project focus, the research process was lead by Māori researchers in collaboration with traditional healers and Māori stakeholders. Two literature reviews were undertaken; one to provide understanding of international developments in traditional medicine, and a second to review national policy/literature as it relates to rongoā Māori specifically. Nine focus groups were held in five communities (Auckland, Whakatāne, Taumarunui, Wellington and Christchurch) to explore current rongoā practice and drivers/barriers to its ongoing utilisation. Participants included healers and their associates, and health and local government stakeholders.

Rongoā Māori practice

Although an array of views regarding a definition of rongoā is evident in publications, there is a degree of consensus regarding its broad, holistic focus, the underlying spiritual element, and the importance of authenticity in definition and practice. Durie et al (1993) refer to a broad range of healing practices within rongoā Māori, underpinned by a Māori worldview and conceptualisation of well-being. Several modalities are identified, including *ritenga* and *karakia* (incantations and rituals involved with healing), rongoā (physical remedies derived from trees, leaves, berries, fruits, bark and moss), *mirimiri/romiromi* (similar to massage/physiotherapy), *wai/hauwai* (use of water/steam to heal), surgical interventions, and *matakite* (prophecy, second sight or intuition). Durie et al also note considerable diversity in the application of particular modalities.

This is supported by Jones (2000a), citing literature that identifies that contemporary Māori healers do not follow a prescribed model or approach to healing. Jones relates this to cultural tradition and a long history of oral transmission of knowledge, leading to a specificity of healing methods employed by Māori that vary according to region, *iwi* (tribe), *hapū* (sub-tribe) and *whānau* (extended family).

A central proposition of McGowan's thesis (2000) is of *taha wairua* (spiritual side) as the basis of rongoā Māori. This is linked to the traditional beliefs held by Māori regarding causes of sickness, those being that illness occurs as a result of not living 'harmoniously' or in a balanced way (Parsons, 1995), or committing a transgression of *tapu* (restricted, sacred) (Jones, 2000a). The rituals of karakia invoked in traditional healing address what Māori consider to be these key factors in the aetiology of illness (McGowan, 2000). However, although there is increasing acceptance of aspects of rongoā Māori pertaining to physical remedies, the spiritual dimension is less amenable to 'mainstream' health validation.

The observed geographic and tribal variations in rongoā practice raise an interesting point with regards to authenticity. Where practice varies widely, on what bases should 'authentic practice' be determined? These would need to be sufficiently general in order to recognise local diversity. Concerns with authenticity and safe practice have been long-held, ostensibly prompting the Tohunga Suppression Act of 1907, which was framed in terms of protecting the health of Māori people from practitioners of dubious pedigree (Jones, 2000a). These concerns persist today, most often raised by healers themselves. Traditional healers interviewed by Hill (2003) identified the need to develop codes of ethical conduct in order to protect people from being abused or further exploited by those who are not authentic healers.

Rongoā Māori infrastructure

Despite active attempts to suppress healing practice and deny its legitimacy, rongoā Māori has survived through the continuing practice of healers and utilisation by Māori communities. In recent years it has experienced something of a revival (Jones, 2000a). Further to this, Ngā Ringa Whakahaere o te Iwi Māori, a national board of Māori healers was established in 1993. This was a conscious move taken by healers and their followers to adopt a more public profile and seek recognition as part of the National Health Service (Durie, 1998). Although the board does not represent all healers, it advocates on behalf of affiliated members and for more

formal recognition of traditional healing practices. The board has also been involved in formulating accreditation procedures for healers, and has contributed to the development of national traditional healing service standards (Durie, 1996; MoH, 1999).

Movements toward formalising the funding and delivery of rongoā Māori were supported by the development of a framework for purchasing traditional healing services in the late 1990s (Durie, 1996; Jones, 2000a). Subsequently, MoH published a set of standards for traditional Māori healing (MoH, 1999), which form the basis of current rongoā services, funded and provided both independently of and in conjunction with ‘conventional’ health care services. MoH administers rongoā contracts to 16 organisations, which in turn support approximately 30 *Whare Oranga* (houses/buildings of well-being). The Accident Compensation Corporation (ACC) funds three of these rongoā providers, and an additional 45 *Whare Oranga* are registered with Ngā Ringa Whakahaere o te Iwi Māori.

‘Taonga tuku iho—treasures of our heritage’ (MoH, 2006) outlines a framework for strengthening the provision of rongoā services throughout the country in four main areas: improving the quality of rongoā services; creating leadership to strengthen safe practice through networking and quality assurance; increasing the capacity and capability of rongoā services; and constructing a workplan for research and evaluation activities. Through these funding and policy developments, traditional Māori healing currently holds a legitimate, albeit marginalised place within the New Zealand health system.

Contribution to well-being

Traditional healing contributes to Māori well-being and development in two key ways: firstly through the health benefits that its range of diagnostic and treatment modalities offer clients, and the employment and vocational opportunities for Māori associated with rongoā service development; and secondly and perhaps less tangibly, through the empowerment and strength that retention and revitalisation of *mātauranga* (knowledge), *tikanga* (customs, traditions) and *te reo Māori* (Māori language; each encompassed within rongoā practice) can bring for Māori people.

In a pathway towards *tino rangatiratanga* (self-determination), the integration of rongoā within publicly funded health services is a significant step, enabling Māori consumers wider health service delivery choice, and culturally appropriate care consistent with Māori values that nurtures cultural identity (Jones, 2000a). This has the potential to improve Māori access to health care, reducing barriers associated with expense and appropriateness/appeal (Jones, 2000b). At a health systems level, availability and accessibility of rongoā as a service validates and affirms the legitimacy of mātauranga Māori in relation to health and well-being. Incorporating traditional healing alongside western medical approaches is also compatible with objectives inherent in Māori development, providing potential to bolster existing health services and to reclaim a valuable Māori cultural asset (Jones, 2000a).

A sustainability lens

Sustainability and sustainable development are western terms coined in relatively recent times, but relate to concepts understood and practiced by indigenous peoples for centuries (Matunga, 2002). These terms fit within a broad, ecological understanding of health, encompassing notions of prudent resource utilisation in order to ensure these for future generations.

Local, holistic knowledge has a key role in the development of sophisticated, responsive sustainability approaches (Brown, Grootjans, Ritchie, Townsend & Verrinder, 2005). Traditional values and knowledge are increasingly relevant in enhancing understanding of the environment, providing a basis for strengthening cultural identity, and in developing economic opportunities (Harmsworth, 2002). Māori have adopted and adapted notions of sustainable development to incorporate Māori autonomy and self-determination within holistic development and a strategic direction towards advancement.

In the case of rongoā, sustainability applies in two primary ways: sustainability of environmental resources supplying the rongoā (environmental well-being), and sustainability of the practice of rongoā Māori in terms of knowledge retention, validation of the practice and its utilisation (cultural and social well-being). Economic well-being, although not often emphasised in considerations of rongoā, is central to enabling healers to sustain their rongoā

practice. A number of unresolved questions pertaining to sustainability exist which are important to consider:

“Sustainable for how long? A generation, one hundred years, one thousand years? **Sustainable for whom?** Present generations, all future generations, all species of this generation, all species for all future generations? **Sustainable at what level?** Families, cities, nations, globally, economies? **Sustainable under what conditions?** Present western standards of living, small subsistence communities, some future ‘Star Trek’ culture? **What ought to be sustained?** Personal income, social and cultural diversity; GNP, bio-diversity, individual consumption, personal freedom and choice, material frugality?” (Luke, 1995:21-22 quoted in Perkins & Thorns, 1998: 7)

With regard to rongoā, the temporal element most often discussed is its traditional nature, and the need for it to continue to exist and be applied in a contemporary context. The length of time that rongoā practice should be sustained is not discussed explicitly; presumably this is intended to be of unlimited duration, spanning all future generations. The question of for whom rongoā should be sustained is also not addressed specifically, but it is discussed mostly in relation to Māori health gain and development (Durie et al., 1993; Durie, 1996; 2006; Jones, 2000a; McGowan, 2000), and rongoā service specifications mention *tangata māuiui* (unwell people) and clients as key recipients (MoH, 1999; n.d). Lack of information about demand for rongoā Māori is cited as a major shortcoming of current understandings (Jones, 2000a), with the proportion of people that would use traditional Māori healing services if they were more readily available unknown.

The literature notes the locally specific nature of rongoā practice among hapū and iwi, but national-level development has also taken place with the establishment of Ngā Ringa Whakahaere and the work of MoH (Durie, 1998). Jones (2000b) cites the importance of maintaining regional and tribal distinctions in healing traditions, as well as individual differences between healers, but he also emphasises the importance of some form of collective activity for healers to have any influence at a political level. The conditions in which work to sustain rongoā has been undertaken are primarily health system based, and health benefit has been most commonly proposed as the rationale for retention of rongoā knowledge and practice. Durie (1996) perceives that traditional Māori healers have significant advantages in being able to deliver Māori health gain; firstly through having the confidence of a large number of Māori people who may experience difficulty accessing mainstream health

care, and secondly being at a stage in organisation and development where they can enter into dialogue with health authorities. Retention of the practice for its own sake is not widely supported, and in fact Durie warns against this. In terms of what ought to be sustained, herbal remedies have been the primary focus of efforts to sustain rongoā, although a range of diagnostic and treatment modalities are mentioned in the literature, including taha wairua.

Thus, literature-based considerations of rongoā at the current time lie generally in sustainability for health, and the perpetuation of the practice with support from and integration within the health infrastructure. However, some concerns are raised about the extent to which traditional healing practiced from a Māori paradigm can fit within western frameworks, such as health systems.

Integration and integrity

Concerns regarding the implications of integration, namely in subjecting a traditional practice to western scientific criteria have been raised by a number of writers (Jones, 2000a; McGowan, 2000; Parsons, 1995) and were also iterated by workshop participants. These concerns were not fully resolved, but were tempered by pragmatic considerations. Among these was acknowledgement of the need to verify rongoā practice in relation to health gain, in order to achieve a vision of rongoā Māori *“sitting alongside western medicine, with equal recognition”* and *“as a mainstream service, the first port of call for Māori and others”*.

The sustainability of traditional Māori healing as both a practice and as a service emerged as distinct but linked issues within the current research project. It was generally accepted that the practice of traditional Māori healing would continue regardless of institutional support as its practitioners respond to a ‘calling’ and commonly have a gift for the work. However, there were concerns about the lack of training opportunities and the loss of some of the depth of mātauranga Māori as healers pass away. Retaining this mātauranga is essential for maintaining an effective practice. The development of sustainable services was seen as a way to enhance awareness and perpetuate the practices/traditions of rongoā, creating opportunities to train a new generation of healers. Stakeholders and healers alike noted the importance of service development underpinned by quality assurance mechanisms acceptable to both healers and mainstream providers, based on traditional practices informed and supported by evidence of effectiveness.

Building upon focus group discussion findings and reviews of relevant literature, Figure 1 outlines key elements that contribute to the sustainable development of Māori healing practices. The key areas to the side of the diagram reflect the central research themes, which also align with the goals of the Rongoā Development Plan (MoH, 2006). As a whole, the diagram is consistent with the issues identified and strategic objectives outlined for the development of traditional medicine in the Western Pacific region, based on the work of the World Health Organisation (WHO, 2002).

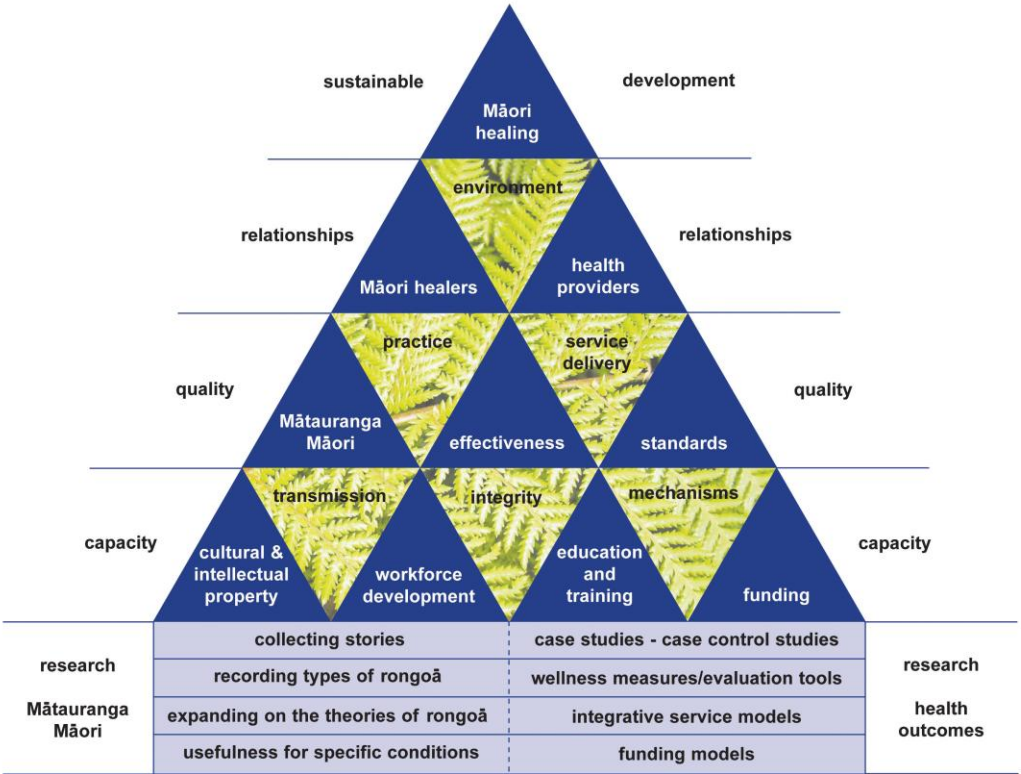


Figure 1: Key elements that contribute to the sustainable development of Māori healing practices (diagram adapted from pathways to whānau ora depiction, He Korowai Oranga (2002)).

Sustainable development for traditional Māori healing refers to the recognition of rongoā Māori practices and services as a legitimate and viable option for health service consumers. Sustainability of traditions and practices is sought via development of services. For this to be achieved, services need to be widely available, in operation alongside, and with the support of healthcare providers. The holistic nature of Māori healing practice means that the issues that impact upon its sustainability will not only be confined to the traditional health sector. Other agencies, Māori and mainstream, at both national and local levels can contribute to the development of traditional Māori healing by supporting the following key areas; the establishment of relationships, the maintenance of quality and the enhancement of capacity.

Relationships have been central to the development of rongoā Māori services over the past decade and will remain an important feature for the foreseeable future. Healers are responsible for maintaining relationships with a growing number of parties to support their ongoing practice, increasingly with agencies from outside the health sector whose activities impact on their *kaitiaki* (guardian) responsibilities in the environment. Effective leadership from healers, health providers/funders and environmental agencies will be required to progress relationships and develop effective policies at a national level.

Quality is another key area supporting the sustainable development of Māori healing. Maintaining the mātauranga Māori underpinning rongoā and establishing quality standards to inform service specifications are equally important. This area also encompasses the development of a rigorous and robust evidence base to show the effectiveness of both the practice and specific services.

Capacity to deliver and sustain Māori healing was highlighted by a number of participants. Moving from local, individual healer-based practice towards coordinated profession-based activities requires an increase in the organisational capacity of practitioners, drawing upon expertise in administrative, legal, policy and research areas. This support is necessary to address issues ranging from the transmission of knowledge, acknowledgement and protection of cultural and intellectual property rights, and provision of training opportunities through to developing mechanisms that support funding and workforce development, including considerations of certification and registration.

Research and evaluation have a role to play in providing a supportive foundation for many of the elements identified in this framework. These functions will directly support the consolidation of the existing evidence base and can assist in further developing processes and measures to assess the effectiveness of Māori healing practices. Findings pertaining to the generation and documentation of mātauranga Māori may also result, that will support ongoing practice and potentially inform the development of future service standards. The focus of any further research (mātauranga or health) will likely determine the most appropriate funding avenues.

In addition to central themes and goals, Figure 1 identifies the pathways necessary for development. These comprise a central focus, surrounded by relevant issues to be negotiated or particular parties to be engaged.

The **environment** within which Māori healing exists incorporates both *te ao Māori* and *te ao hurihuri* (the modern world). The environment itself plays a central part in the philosophy and processes of Māori healing. The close connection of Māori healing to the natural environment places healers in the unique position of being able to develop relationships that span the ‘divide’ between environmental health and population health sectors and agencies. Healers are most likely to engage with the primary healthcare environment through existing health providers who can provide administrative support and provide strategic advice.

The **practice** of Māori healing has existed for centuries; however the structures that traditionally sustained it are slowly eroding. Societies today are less connected with the natural environment, and traditional systems of education and training are not accorded the same status as in the past. For traditional Māori healing to move forward, it must be based on a sound understanding of mātauranga Māori in addition to knowledge of the effectiveness of specific interventions. This will likely require a change in the way mātauranga Māori is recorded and passed on.

The delivery of Māori healing **services** will be optimised through a foundation comprised of evidence-based practice and quality standards. Demonstrating effective service delivery to funders or health providers will require robust standards, comprehensive record keeping and the development of an independent healer supported quality control organisation. In the course of the research it was evident that no single model of Māori healing service operation existed and that accordingly, a degree of flexibility is required in service structure to account for regional and individual differences.

The **transmission** of mātauranga Māori is integral in ensuring continuity of rongoā Māori practitioners, and enabling them to carry on the work of their *tīpuna* (ancestors). There is a discernable difference between the notion of healers as people responding to a ‘calling’ and those learning a trade. A distinction was made by healers themselves between those with in-depth knowledge and a deep spiritual connection as *tohunga* (expert/master), and those who acquire skills associated with rongoā preparation and mirimiri as *kaiāwhina* (assistant). Unease associated with documenting mātauranga Māori remains, although a number of healers recognise the importance of this in retaining knowledge for future generations.

The **integrity** of Māori healing is evident in the conduct and effectiveness of its interventions. Integrity, relating to the notion and maintenance of *tika* (right, correct, appropriate), and *tikanga* Māori, is the essence of the practice and needs to be retained despite potential changes in the way future healers are educated and trained. Many stakeholders recognised that the development of services necessitates an increase in the number of healers and the advent of new styles of learning. Several training programmes were discussed as currently making valuable contributions towards these ends.

The **mechanisms** used to develop service standards, funding models and education pathways must incorporate input from healers. Given the history of contempt towards Māori healing, healers are averse to processes of certification and registration associated with western healing professions. These are viewed sceptically by some as mechanisms for exclusion, however the opportunity exists for healers to develop models that draw upon and integrate the best of both traditions and worldviews.

Funding is an equally contentious topic. Many healers would like to be recognised and funded on the basis of Treaty responsibility and their work in the community; however the criteria of funding agencies are oriented towards accountability and risk minimisation for both patients and funders. The fulfilment of these criteria, involving maintenance of detailed financial and clinical records places additional administrative workloads upon healers.

Effectiveness occupies the centre triangle in this framework. This encompasses both the knowledge of rongoā practice accumulated over time and evidence-based practice. Integrating these two sets of knowledge in a way that upholds the integrity of both is the key challenge. Research can provide a foundation for developments associated with each of the framework elements; however the most important area to progress will be validation of the effectiveness of Māori healing as a form of treatment. Most healers and stakeholders accepted the necessity for this type of research, with the proviso that principles of *kaupapa Māori* research (for Māori, by Māori) are adhered to, and that researchers work closely with healers in these endeavours. Building associations with skilled researchers will support the development and framing of research projects to ensure the usefulness and value of outcomes according to healers and key stakeholders. Healers can contribute to this process through the application of rigour to collection of information, equal to that that they apply in the collection of rongoā.

A path to the future

Participants in the research shared a vision of rongoā Māori expanding and growing in the future. This was based in general aspirations for Māori advancement toward self-determination, improved life and health prospects for generations to come, and recognition of the role traditional Māori healing has to play in these developments. Thoughts on how this

should happen varied widely, due to the tensions and contradictions inherent in the coming together of two distinctly different worlds, *te ao Māori* and *te ao Pākehā* (the Pākehā world) in the development of rongoā Māori practice as a health service.

Difficulties encountered in retaining access to rongoā rākau, and adapting to meet health system and consumer expectations of ‘evidence’-based outcomes will potentially obstruct the sustainability and integration of rongoā Māori. Building supportive relationships, ensuring quality and increasing capacity in both rongoā practice and services, and Māori-focused and health research/evaluation conducted alongside service development emerged as mechanisms to ensure prudent progress and pave the way forward. The challenge for healers and stakeholders in strengthening and securing the future of rongoā Māori is a fundamental one with dual accountabilities: careful negotiation will be required to ensure that rongoā Māori provision maintains the integrity of traditional practice, while striving for health service credibility.

References

Brown, V., Grootjans, J., Ritchie, J., Townsend, M., & Verrinder, G. (eds). (2005). *Sustainability and health: supporting global ecological integrity in public health*. London: Earthscan.

Durie, M., Potaka, U., Ratima, K., & Ratima, M. (1993). Traditional Māori healing: a paper prepared for the National Advisory Committee on Core Health & Disability Support Services. Palmerston North: Massey University.

Durie, M. (1996). A framework for purchasing Māori traditional healing services: a report for the Ministry of Health. Palmerston North: Te Pūmanawa Hauora, Massey University.

Durie, M. (1998). *Whaiora: Māori health development* (2nd edition). Oxford University Press: Auckland.

Durie, M. (2006). Measuring the effectiveness of rongoā. *Conference: what is rongoā practice?* Otaki: Te Wānanga o Raukawa.

Harmsworth, G. (2002). Indigenous concepts, values and knowledge for sustainable development: New Zealand case studies. *7th joint conference: 'preservation of ancient cultures and the globalisation scenario*. Hamilton: Te Whare Wānanga o Waikato.

Hill, D. (2003). Traditional medicine in contemporary contexts: protecting and respecting indigenous knowledge and medicine. Canada: National Aboriginal Health Organisation.

Jones, R. (2000a). *Rongoā Māori and primary health care*. Unpublished Master's of Public Health thesis. Auckland: University of Auckland.

Jones, R. (2000b). Traditional Māori healing. *Pacific Health Dialogue*, 7(1): 107-109.

Matunga, H. (2002). Foreword. In *Whenua: managing our resources*. Auckland: Reed Publishing Ltd.

McGowan, R. (2000). *The contemporary use of rongoā Māori: traditional Māori medicine*. Unpublished Master's of Social Science and Anthropology thesis. Hamilton: University of Waikato.

Ministry of Health. (1999). *Standards for traditional Māori healing*. Wellington: Ministry of Health.

Ministry of Health. (n.d.). *Rongoā Māori traditional healing services*. Rongoā Service Specification 1 July.

Ministry of Health. (2002). *He korowai orange: Māori health strategy*. Wellington: MoH.

Ministry of Health. (2006). Taonga tuku iho—treasures of our heritage: rongoā development plan. Wellington: MoH.

Parsons, C. (ed.). (1995). Notes on Māori sickness knowledge and healing practices. In *Healing Practices in the South Pacific*. University of Hawaii Press: 213-234.

Perkins, H., & Thorns, D. (1998). Urban sustainability - the basis for a renewed urban planning and management project? *Workshop on Urban Sustainability*. Wellington: Royal Society of New Zealand, National Commission for UNESCO and Parliamentary Commissioner for the Environment, Oct 7.

World Health Organisation. (2002). *Regional strategy for traditional medicine in the Western Pacific region*. World Health Organisation – Regional Office for the Western Pacific Publications Unit: Manila, Phillipines.

Glossary

hapū	sub-tribe, clan
hauwai	damp; type of healing known as body sauna
He Korowai Oranga	Māori Health Strategy (MoH, 2002)
iwi	tribe
kaitiaki	guardian
kaiāwhina	helper/support worker/assistant
karakia	prayer
kaupapa	agenda
Kaupapa Māori	‘for, by and with Māori’ approach
koha	gift, donation
Māori	indigenous people of Aotearoa New Zealand
matakite	seer, second sight, prophecy, intuition
mātauranga	knowledge
mirimiri	stroke, form of massage
orange	well-being
Pākehā	non-Māori, European, Caucasian
rākau	tree/wood
ritenga	custom, meaning
romi(romi)	squeeze, type of massage
rongoā	medicine, drug, antidote
taha wairua	spiritual side
tangata	person/people
tangata māuiui	sick or ill person/people
taonga	treasure
tapu	sacred/restricted
te ao Māori	the Māori world
te ao Pākehā	the Pākehā world
te reo Māori	the Māori language
tika	right/correct
tikanga	meaning, custom, obligation, traditions
tino rangatiratanga	self-determination
tīpuna	ancestor(s)
tohunga	expert, specialist, priest, artist
wai	water, liquid
wairua	spirit

whānau	family, immediate and extended
whare	house/building
whare oranga	house/building of well-being